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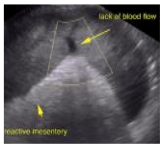

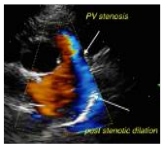

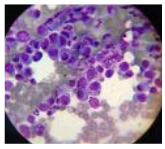
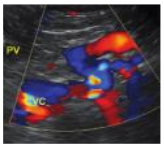

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1-800-838-4268 info@sonopath.com

PATIENT

Mya Mantei

SPECIES

Canine

BREED

Large Mixed Breed

SEX

F/S

AGE

10 years

WEIGHT

51 kg

INTERPRETED BY

R. McKenzie Daniel, DVM, DABVP (Canine and Feline)

IMAGING PERFORMED BY

Dave Stasiuk RDMS, RDCS

HOSPITAL NAME

Silverado Veterinary Clinic

REFERRING VET

Dr. K.D. Marahar

INVOICE

14882

DATE

8/22/23

PRESENTING CLINICAL SIGNS

Low hemoglobin.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 3.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.

No evidence of pathology in the area of the aortic trifurcation.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. The left kidney measured 6.8 cm in length. The right kidney measured 7.9 cm in length.

Adrenal Glands

The left adrenal gland was uniform in size and contour with a uniformly hypoechoic parenchyma. The left adrenal gland measured 0.55 cm width at the caudal pole and 0.51 cm width at the cranial pole. The right adrenal gland was not definitively visualized. No overt pathology was noted in the area of the right adrenal gland.

Spleen

The spleen exhibited overall subjective normal size and primarily maintained symmetrical capsule contour and homogenous parenchyma. A mildly expansive, nonhomogeneous, isoechoic mass was present in the cranial spleen measuring ~6.0 cm in diameter.

Liver/ Gallbladder

The liver was subjectively normal in size and contour with normal parenchyma echogenicity exhibiting mild to moderate coarse echotexture and minor parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild gallbladder sediment. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction, or foreign material.

The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

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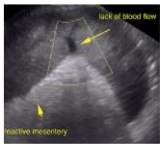
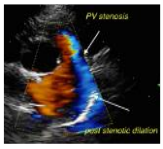
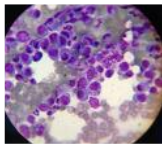
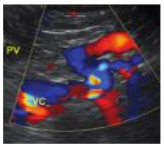

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Pancreas

The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.

Free Abdomen

No omental masses, lymphadenopathy, or evidence of peritoneal effusion were noted.

Rapid view of the heart revealed no evidence of pericardial masses or effusion in the visible window.

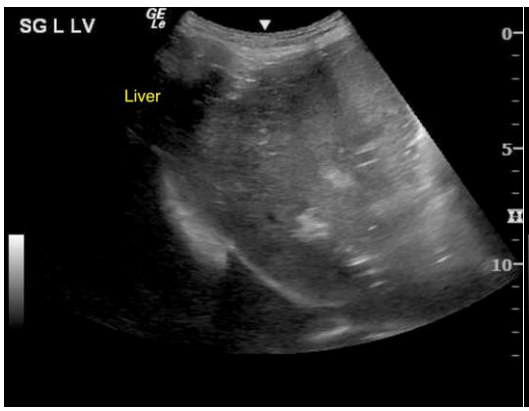
ULTRASONOGRAPHIC FINDINGS

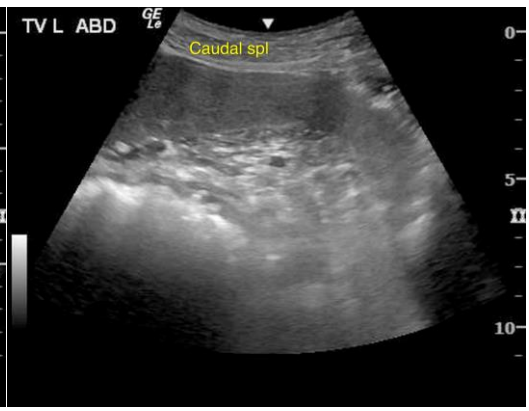
- Nonhomogeneous cranial splenic mass
- Mild hepatic parenchymal remodeling - subjectively benign
- Mild gallbladder sediment (non-mucocele)
- Mild chronic renal changes

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The splenic mass is nonspecific with considerations including hyperplasia, hematopoiesis, granuloma, splenitis, or neoplasia (sarcoma, round cell neoplasia, other). There was no overt evidence of intrabdominal or cardiac metastasis.

FNA cytology of the splenic mass, if accessible, assuming normal clotting status and using a 25-gauge needle, could be considered for initial clarification. Assuming no evidence of pathology on three-view chest radiographs, splenectomy with gross inspection of the intrabdominal cavity and liver is warranted. Sonographic monitoring of the splenic mass with initial recheck in 4 weeks would be a more conservative approach.





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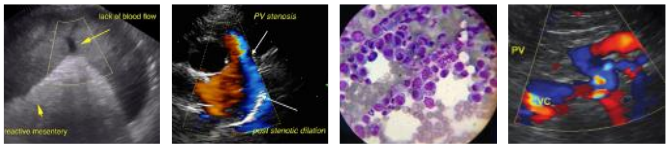

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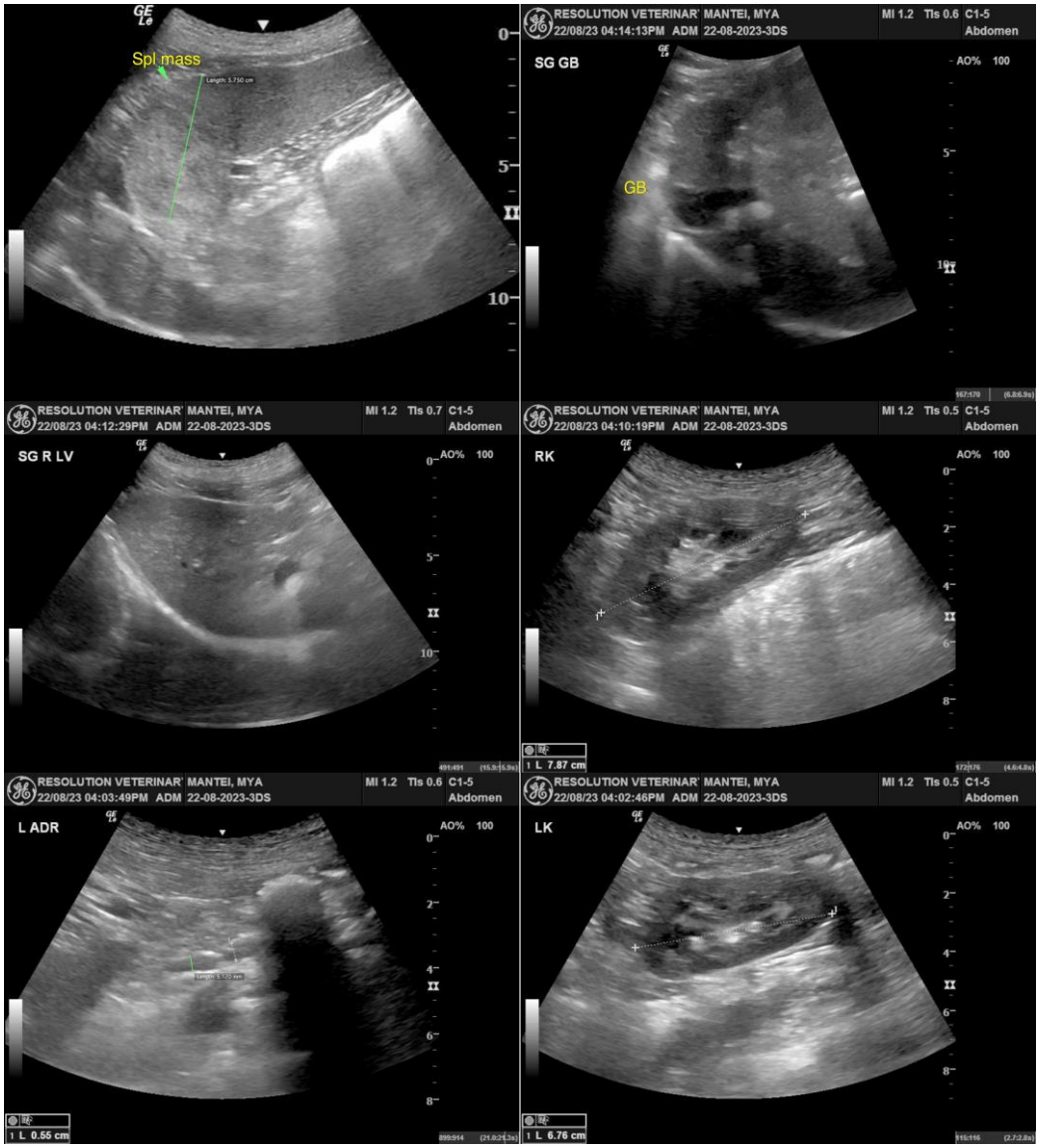

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)
info@sonopath.com